Form 1040NR Department of the Treasury

U.S. Nonresident Alien Income Tax Return

For the year January 1-December 31, 1970, or other taxable year beginning

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Internal Revenue Service . 1970, and ending .. Social security or employer Last name First name and initial Identification number, if a Occupation in the United States Check whether: City or town. State and ZIP code, or country Number and street, or rural route Individual State address to which you want refund check, if any, mailed if other than address shown above ŏ Fiduciary Mease type TAX COMPUTATION: FOR INCOME EFFECTIVELY CONNECTED WITH U.S. BUSINESS 1 Enter all salaries, wages, bonuses, tips, commissions, etc. Income Tax Withheld Wages, etc. Where Employed (City and State) Employer's Name 2 Totals 3 Other income from page 3, Part III, line 7, col. (d) 4 Total (add lines 2 and 3) 5 Deductions and exclusions from page 3, Part IV, line 2 7 Exemption: Enter \$625 (residents of Canada, Mexico, or Japan see Instr. 3 and complete Part II) 9 Tax (from tax rate sch., page 4 of 1040NR instr. or alt. tax from separate Sch. D, Form 1040) . 10 Tax Surcharge. If line 9 is less than \$2,020, enter the surcharge from the table on page 4, of the instructions. If line 9 is \$2,020 or more, enter .025 of line 9 . . . 11 Minimum tax (Attach Form 4625. See instruction J) . 12 Total (add lines 9, 10, and 11) 13 ☐ Investment credit (Form 3468) ☐ Foreign Tax Credit (Form 1116). 14 Tax (line 12 less line 13) TAX COMPUTATION: FOR INCOME NOT EFFECTIVELY CONNECTED WITH U.S. BUSINESS 15 Total income from page 3, Part III, line 7, col. (e) 16 Tax (30% or lower treaty rate of line 15), attach computation schedule if treaty rate is used . TAX-CREDITS-PAYMENTS 18 Tax from recomputing prior year investment credit (Form 4255) . 19 TOTAL TAX (add lines 17 and 18) 20 Income tax withheld from line 2, above. (Attach Forms W-2 (Copy B).) . Make check or 21 U.S. income tax withheld at source from page 3, Part III, col. (c), line 7 money order payable to 22 1970 Estimated tax payments . . . Internal 23 Amount(s) paid with Form(s) 1040C Revenue Service 24 ☐ Reg. Inv. (Form 2439), ☐Nonhighway gas tax (Form 4136), ☐ Excess FICA BALANCE DUE OR REFUND 26 If payments (line 25) are less than tax (line 19), enter Balance Due. Pay in full with this return . 27 If payments (line 25) are larger than tax (line 19), enter Overpayment . 28 Amount of line 27 you wish credited to 1971 Estimated Tax . . . 29 Subtract line 28 from 27. Excess to be refunded . Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. If prepared by a person other than taxpayer, his declaration is based on all information of which he has any knowledge. (Signature of taxpayer, responsible representative or agent) (Date) (Date) (Signature of preparer other than taxpayer) (Address)

| Part | ŀ | PLEASE | ANSWER | ALI | QUESTIONS |
|------|---|--------|---------|-----|------------------|
| rait | | LLLUOL | VIIOHEI | 755 | QOEO! IO!10 |

| Of what country were you a citizen or nationable year? | | i | | | | | |
|--|--------------------------------------|---|--|--|---|------------------|--|
| 2 Give your address in the country of which | 1 | | | | | | |
| nent resident | Тур | Type and amount of income claimed to be exempt | | | | | |
| 3 What country issued your passport? | | l l | | | | | |
| 4 Were you ever a United States citizen? | | 1 | | | | | |
| 5 Give the purpose of your visit to the United | | 1 | | t to tax in that | | | |
| | | inco | me claimed | to be entitled t | to the benefits | of the | |
| 6 Type of entry visa and visa number | | | vention? vou have a r | ermanent establ | YES □ Iishment (as de | NO □ fined by | |
| 7 Dates you entered and left the United State (Residents of Canada or Mexico entering | es during the ye ng and leaving t | ar. the | tax conventio | n and section 894 any time during t | 4(b) of the Cod he taxable year | e) in the ? | |
| U.S. at frequent intervals, give name of | | 12 If this | raturn is fila | d in behalf of a | _ | NO □ | |
| 8 Residents of Canada, Mexico, or Japan: | | | | ort community in | | | |
| (a) State number of days (including vaca | tion and nonwo | ork dres | s, and social | security number | of husband (w | ife) and | |
| days) you were physically present in | the United Stat | es Inte | rnal Revenue | office where filed | | | |
| during the taxable year | | | | | | | |
| (b) Did your wife (husband) contribute to | | | | | | | |
| children claimed in Part II, line 2? | □ YES □ 1 | 13 Did yo | | 040C or Form 2 | | | |
| If "Yes," state amount | | | | tornal Bayanya a | | d □ NO | |
| 9 Did you file a United States income tax re | | | · | ternal Revenue o | | | |
| prior to 1970? | YES N | | | | | | |
| If "Yes," give the latest year and form i | | | | eported on line 1, | | | |
| To which Internal Revenue office was it | sent? | tax · | | ur employer on s | - | ion been | |
| 10 Have you excluded from gross income i | | | - | name of employe | | . — | |
| amount, other than foreign source incor | | - 1 | | | | | |
| connected with a U.S. trade or business? | | - | | | | | |
| If "Yes," attach statement showing am | | | | evenue office did | | | |
| source of each such item of income | | ſ | | n lines 22 and 23 | | | |
| was excluded from gross income. | and the reason | i | | | | | |
| | | | | | | | |
| Part II: EXEMPTIONS (Complete only if you a | re a resident of | Canada, Mexi | co, or Japan. | | | | |
| Check 1 (a) Regular \$625 exemption boxes (b) Additional \$625 exemption if 65 | | | | Yourself T |] Wife Enter nu | mber es | |
| William (c) Additional \$625 exemption if bli | | 70 Not | ents of Japan | ☐ Yourself ☐ | Wife checke | ;d | |
| арріу. (| | | | | | | |
| 2 Exemptions for your children and other depthe United States. If an exemption is based on a multiple-support | | | | | children presen | t in | |
| NAME | agreement of | | | NTS OTHER THAN YOU | R CHILDREN | <u> </u> | |
| | | Months lived in | l Billiander | Amount YOU | 1 | | |
| Enter figure 1 in the last column to right for each name listed (Give address if different from yours) | Relationship | your home. If born or died during year also write "B" or "D" | Did dependent have income of \$625 or more? | furnished for dependent's support. If 100% write | Amount furnished by OTHERS including dependent | | |
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| | | | | l | | → | |
| 3 Total exemptions | | | | | <u> </u> | → | |
| 4 Multiply the total exemptions on line 3 by S | \$625. Enter her | e and on line 7 | , page 1 | | | _ | |

Part III: INCOME FROM SOURCES OTHER THAN WAGES, ETC.

2 Total deductions and exclusions. Enter here and on page 1, line 5.

| Enter on line 3 income | from rents, annu | ities, farming, et | tc., and attac | h Schedule E | (Form 1040 |) or Schedule | F (Form 1040) |
|--------------------------|--------------------|--------------------|----------------|----------------|---------------|-------------------|----------------|
| whichever is applicable. | . Enter net profit | or loss) from bu | isiness or pro | fession on lin | ne 4. Disrega | rd all references | s to Form 1040 |
| on the schedules. Enter | | | | | | | |

| | | A a to a fill C | AMOUNT C | AMOUNT OF INCOME | | |
|--|--|--|--|--|--|--|
| Nature of income | Name and address of your withholding agent (b) | Amount of U.S. income tax paid or withheld at the source | Effectively connected with a U.S. business | Not effectively connected with a U.S. business (e) | | |
| 1 Scholarship or fellowship grants | (C) | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 4 Net profit (or loss) from business or p | profession from page 4, Part VI, line 23 | • • | | | | |
| 6 Net gain from page 3, Part V, Ii | ne 2 | | | | | |
| Part IV: DEDUCTIONS AND EXC | CLUSIONS | | | | | |
| more than dividends reported in income from a scholarship or fellothe grant) multiplied by the num | ons and exclusions such as sick pay Part III, line 2, col. (d)), charitable col owship in Part III, above, you are entit per of months for which you received ation 518.) NOTE: You are NOT enti | ntributions, employee b led to exclude up to \$3 amounts under the gra | usiness expenses, 00 (but not to exc nt during the taxat | etc. If you reported eed the amount of ole year. (For more | | |
| Nature of deduction or exclusion | Name an | d address of payee | | Amount | | |
| 1 | | | | | | |
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Part V: GAINS AND LOSSES FROM SALES OR EXCHANGES OF PROPERTY. (Capital gains and income other than capital gains.)

To be completed by a nonresident alien with gains from the sale or exchange of property that are from sources within the United States and not "effectively connected" with a United States business. (Include all amounts described in Instruction K, except a(1).) Be sure to include in Part III, column (c) any United States income tax paid or withheld on these gains.

Gains (losses) of a nonresident alien from the sale or exchange of property that are "effectively connected" with a United States business are to be reported on a separate Schedule D (Form 1040).

| Kind of property (if necessary, attach statement of descriptive details not shown below) | Date of acquisition | Date of sale | Gros s sales price | Depreciation allowed (or allowable) since acquisition | Cost or other basis, cost of subsequent improvements (if not purchased, attach explanation), and expense of sale | Gain or loss (column (d) plus column (e) less column (f)) |
|--|---------------------|--------------|---------------------------|---|--|---|
| (a) | (b) | (c) | (d) | (e) | (f) | (g) |
| 1 | | | \$ | \$ | \$ | \$ |
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| | | | | | | |
| 2 Net gain. (Enter on page 3, | Part III, line | 6, colum | n (e)) | | | \$ |

| Part | VI: PROFIT (OR LOSS) FROM BUS | SINESS OR PROFESSI | ON | | | | | |
|-------------------------|---|--------------------------------------|--------------------------|---|---|-----------------|------------------------------|--|
| State | : (I) Nature of business | | (II) Emp | loyer identific | cation number | | | |
| | (III) Business name and address | | | | | | | |
| 1 G | ross receipts or gross sales \$ | , Less: F | Returns ar | nd allowances | \$ \$ | | \$ | 1,77777 |
| 2 Ir | nventory at beginning of year (if attach explanation) | different from last ye | ar's closi | ng inventory | \$ | | | |
| 3 M | lerchandise purchased \$ | | | | | | | |
| | business for personal use \$ | | | | | | | |
| 4 C | ost of labor (do not include salary p | aid to yourself) | | | | | | |
| 5 M | laterial and supplies | | | | | | | |
| 6 0 | ther costs (explain below) | | | | | | | |
| 7 | Total of lines 2 through 6 | | | | \$ | | | |
| 8 Ir | ventory at end of year | | | | | | | <u>/////////////////////////////////////</u> |
| 9 C | ost of goods sold (line 7 less line 8) | | | | | | | . |
| | ross profit (line 1 less line 9) . R BUSINESS DEDUCTIONS (Do no | | | | | | \$ | |
| 11 D | epreciation and obsolescence (expla | in in Schedule A, belov | v) | | \$ | | | |
| 12 Ta | axes on business and business prop | perty (explain below) . | | | | | | |
| 13 R | ent on business property | | | | | | | |
| 14 R | epairs (explain below) | | | | | | | |
| 15 Sa | alaries and wages not included on lin | e 4 (do not include any | paid to y | ourself) | | | | |
| 16 A | mortization (attach statement) . | | | | | | | |
| 17 R | etirement plans, etc. (other than | contributions made or | n your be | halfattach | | | | |
| | Form 2950 or Form 2950SE) | | | | | | | |
| 18 Ir | nterest on business indebtedness . | | | | | | | |
| 19 B | ad debts arising from sales or servic | es | | | | | | |
| 20 D | ad debts arising from sales or servic epletion of mines, oil and gas wells, ther business expenses (explain belo | timber, etc. (attach se | chedule). | | | | | |
| 21 0 | ther business expenses (explain belo | w) | | | | | | |
| 22 | Total of lines 11 through 21 | | | | | | | |
| 23 N | et profit (or loss) (line 10 less line 22 | ?). Enter here and on pa | ige 3, Part | III, line 4, co | lumn (d) | | \$ | |
| EXPL | ANATION OF DEDUCTIONS CLAIMED | IN LINES 6, 12, 14, A | ND 21 OF | PART VI | | | | |
| 1. Line | 1 | 3. Amount | 1. Line No. | 1 | . Explanation | | 3. Amount | |
| | | s | | | | \$ | | |
| | | | 11 | 1 | | l | | |
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| Taxpa end o asset | dule A.—EXPLANATION OF DED ayers using Revenue Procedures 62- of year in column c, and enter the ac- s in accordance with the categories s eed more space, use Form 4562. | -21 and 65–13: Make i | no entry ir at end of | ı column b, eı vear in colur | nter the cost or | ou mav (1 | l) group depred | ciable |
| | a. Group and guideline class or description of property | b. Date c. Cost acquired other ba | or allow | Depreciation red or allowable n prior years | e. Method of computing depreciation | f. Life or rate | g. Depreciation this year | n for |
| 1 Tot | tal additional first-year depreciation (| do not include in items | below) | | | | - | |
| Rui | ildings | | | | | | | |
| | rniture and fixtures | | | | | | | |
| - | | | | | | | | |
| | chinery and other equipment | | | 1 | | | | |
| | ner (specify) | | | | | | | |
| Utr | iei (Specify) | | | | | | | |
| | | | | | | | | |
| 2 Tot | tals | | | | | | - | |
| | ss: Amount of depreciation claimed el | sewhere in Part VI | • | | | | | |
| | lance—Enter here and on line 11 abo | | | | | | | |